24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Dental Association Independent Expenditures Committee	C C00488338
theck if 24-hour report X 48-hour report New report X Amends report filed	i on 04 11 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Strategic Impact	04 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1890 Star Shoot Parkway	Amount
#17-250	
City State Zip Code Lexington KY 40509	15495.00 Transaction ID : 12394712
	Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail ID-02 Category/ Type 003	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 02
Rep. Mike K. Simpson	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	15495.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	15495.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Dr. Douglas Hadnot [Electronically Filed] Date	04 23 2014
Signature	